September 2008

# The Montana Central Tumor Registry Newsletter

## MCTR Maintains Gold Status

For the third year in a row, the Montana Central Tumor Registry was awarded Gold Status for data accuracy, completeness, and timeliness from the North American Association of Central Cancer Registries (NAACCR).

NAACCR has developed consensus on cancer registration standards in collaboration with many organizations in the United States and Canada, including the American College of Surgeons, the National Cancer Institute, and the Canadian Cancer Registry at Statistics Canada. Nearly all registries throughout the United States and Canada have adopted the NAACCR consensus standards.

In 1997, NAACCR instituted annual reviews of member registries for complete, accurate, and timely data. Gold or Silver certification indicates that registry data are of sufficiently high quality to calculate reliable incidence rates by cancer site and county. In addition, certified data are accepted for use in national compilations of cancer statistics. Beginning in 1999, certified registry data have been available for approximately 82% of the North American population.

Gold Status is awarded to registries that meet the following data quality criteria:

| | |
|---|---|
| Completeness | $\geq$ 95% |
| Passing edits | 100% |
| Death certificate only | $\leq$ 3% |
| Timeliness | < 24 months |
| Duplicate cases | $\leq$ 0.1% |
| Missing age, sex, or county | $\leq$ 2% |
| Missing race | $\leq$ 3% |

The MCTR achieved Gold Status for diagnosis years 2003, 2004, and 2005. Our 2006 data will be submitted for certification in November 2008. Between 1998 and 2002, the MCTR achieved Silver Status.

We thank all of the individuals and institutions who contribute to the continuing high quality of the Montana Central Tumor Registry.

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## Focus On: Colorectal Cancer

Colorectal cancer (CRC) is almost entirely preventable with screening, but it is still the third leading incident cancer in Montana and the third leading cause of cancer mortality, after prostate and lung cancer for men and breast and lung cancer for women.

CRC screening participation is low in Montana and nationwide. About a quarter of Montana adults age 50 and older have had a Fecal Occult Blood Test within two years and about half have ever had an endoscopy (colonoscopy or flexible sigmoidoscopy) for any reason, whether for screening or diagnostic purposes. This contrasts sharply with breast cancer screening: about 80% of Montana women age 50 and older have had a mammogram within two years.

The Cancer Control Section of the Montana Department of Public Health and Human Services has identified CRC screening and early detection as a high public health priority. In addition, our statewide partner the Montana Cancer Control Coalition is focusing its activities on CRC in the coming year.

**Colorectal Cancer in Montana, 2002-2006**

Incidence 45.7 / 100,000

Mortality 16.8 / 100,000

Stage at Diagnosis

| | |
|---|---|
| Local | 37% |
| Regional | 39% |
| Distant | 17% |
| Unstaged | 7% |

Five Year Survival by Stage at Diagnosis, Cases Diagnosed 1997-2006

| | |
|---|---|
| Local | 94% |
| Regional | 72% |
| Distant | 12% |

*Colorectal cancer is almost entirely preventable but most Montanans do not participate in screening.*

## Meet the MCTR Staff

Top row left to right:

Debbi Lemons

Diane Dean

Paige Johnson

Bottom row left to right:

Janae Grotbo

Carol Ballew

# Quality Improvement: Patient Addresses

Addresses serve two purposes in patient records and in the MCTR. The first is to help physicians and hospitals maintain contact with the patient. Most admissions and other patient records emphasize the mailing/billing address. The second and equally important purpose of an address is to determine whether a patient's residence affects some aspect of his or her cancer experience: the distance from screening and diagnostic facilities, the distance from specialized treatment centers, or the possibility of an environmental cause of the cancer.

The MCTR abstracting manual specifies a preference for *physical address*. This information has many uses: "[t]he address … indicates referral patterns and allows for the analysis of cancer clusters or environmental studies. Physical address allows a central registry to assign latitude and longitude to patient addresses and gives the ability to map each location. Accurate geographic information allows a central registry to monitor cancer trends to watch for possible patterns that could be the first hint of an environmental or other geographic focus of increased cancer risk."

In Montana, a mailing/billing address is often a Post Office Box or other nondescriptive address that does not reflect the location of the patient's residence. For the past few years, about 25% of patients reported to the MCTR have had only a nondescriptive address, although this is unevenly distributed between urban and rural residents: more than one third of rural patients have nondescriptive addresses. This creates a substantial bias in any study using addresses, and information for rural residents would be less accurate than information for urban residents.

In 2002, the NAACCR Board of Directors adopted the GIS Task Force report, "Using Geographic Information Systems Technology in the Collection, Analysis, and Presentation of Cancer Registry Data." The Task Force recommended latitude and longitude coding of patient address at diagnosis. In addition, federally funded data collection systems, including the MCTR, are supposed to be in compliance with minimum federal geocoding guidelines.

The MCTR is positioning itself to begin the geocoding process. Our goal is to have 85% or more of all patients from 2005 forward geocoded to latitude and longitude of residence within the next two years. In order to do this, we must have each patient's physical address.

We are asking you to help us in this effort. The Address at Diagnosis fields include a Supplemental line which many Registrars have been using for Post Office Box, reserving the Street Name and Number line for a descriptive physical address, or vice versa. This combination works well for recording both essential aspects of a patient's address. The MCTR prefers that the Street Name and Number line be reserved for the location of the physical residence, according to the instructions

Patients with Physical Addresses in the MCTR

| Diagnosis Year | Percent Complete |
|---|---|
| 1990 | 68% |
| 1995 | 71% |
| 2000 | 73% |
| 2005 | 76% |

Urban residents 96%

- Billings
- Bozeman
- Butte
- Great Falls
- Helena
- Kalispell
- Missoula

Rural residents 61%

in the Abstracting Manual. The supplemental line can be used for Post Office Box or other nondescriptive mailing/billing address.

Using the supplemental line for an explanatory comment such as the name of a nursing home, similar to the example in the Abstracting Manual, is of less importance than the need to record both physical and mailing/billing addresses. In the event that there are three potential items to record, please fill in physical address and mailing/billing address.

We realize that the information available to Registrars may be limited by local electronic medical records systems or by local policies that do not require collecting physical address in addition to a mailing/billing address. We would like to solicit your input about how this new level of data quality can be achieved. Please get in touch with Debbi or Carol and let them know:

1. What barriers you have encountered, or what barriers do you anticipate, in reporting both physical address and mailing/billing address?
2. If you have overcome barriers, please let us know how you did it so we can share your solutions with others.
3. What can the MCTR do to help you?

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